

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6		1				
7		1				
8		1				
9		1				
10		1				
11		10				
12						
13						
14						
15						
16		1				
17		1				
18		2				
19	1					
20	1					
21	1					
22	1					
23	1					
24	5					
25	1					
26	5					
27	1					
28	2					
29	2					
30	1					
31	1					
32						
33	1					
34	1					
35						
36						
37		1				
38	1					
39						
40		1				
41		1				
42						
43			1			
44				1		
45				1		
46				1		
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	1		4			
TOTAL DEP.	1	1	10	1		
TOTAL CLAIMS	1	1	14	1		

51		1				
52		1				
53		1				
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100						
TOTAL IND.						
TOTAL DEP.			21			
TOTAL CLAIMS			21			